

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2091

State File No. _____

Registration District No. 238

Primary Registration District No. 4145

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years
(Specify whether years, months or days)
In this community 33 years

3. (a) PRINT FULL NAME John A. Pierce

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Ella M. Pierce 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14th 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Polk Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming and team transporting

11. Industry or business Unknown

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Pierce

(b) Address Lockwood, Mo.

17. (a) burial (b) Date thereof Jan. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood, Mo.

18. (a) Signature of funeral director _____

(b) Address Lockwood, Mo.

19. (a) 1-13-1942 (b) Benjamin Pierce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Lockwood, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day Jan
year 1942 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from 12-20-1941 to 12-26-1941
that I last saw alive on 12-26-1941
and that death occurred on the date and hour stated above.
Immediate cause of death Atherosclerosis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. D. Combs (M. D. or other) _____

Address Lockwood, Mo. Date signed 1-13-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 242-189

Date Filed FEB 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

E. J. Caldwell

Licensed Embalmer No.

3380

P. O. Address

Lackwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.